DATE OAG RECEIVED	



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT				
AGENCY/FACILITY INFORMAT	TION			
Name of Agency/Facility				
City		Zip Code		
Telephone Number				
Signature of Director of Age	ency/Facility (Required)			
Name of Person Filling Out F	Form			
Email of Person Filling Out F	-orm			
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?		8. WHAT WAS THE PEACE OFFICER'S GENDER?		
☐ Male ☐ Female		☐ Male ☐ Female		
2. WHAT WAS THE INJURED (OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT?	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)		10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)		
		☐ American Indian	Black or African American	
☐ American Indian	☐ Black or African American —	or Alaska Native	☐ Hispanic or Latino	
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	☐ Other	
Anglo or White	☐ Other	Asian or Pacific Islande	er	
☐ Asian or Pacific Islander ☐ Not Available		11. DURING THE INCIDENT, PEACE OFFICER WAS:		
4. DATE OF INCIDENT		□ On Duty □ Off Duty		
		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE DR MORE OFFICERS:		
5. LOCATION OF INCIDENT		☐ Yes ☐ No		
Street address		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:	
City		☐ Emergency Call or Request for Assistance		
County	Zip	☐ Traffic stop		
		□ Execution of a warrant		
6. INCIDENT RESULTED IN:		☐ Hostage, barricade, or other emergency situation		
7. INJURED OR DECEASED PERSON:		☐ Other — Specify type of call		
\square Carried, exhibited or use	d a deadly weapon			
☐ Did not carry, exhibit or u	use a deadly weapon			